

Name in Full

Certificate of Death

Name in Full *Mollie J. Amos*
 Town *Shumard* County *Baltimore* MARYLAND

Died at *Shumard* Month *9* Day *25* Y. *37* M. *37* D. *37* Native of *Balti. City* Occupation
 Date 189 *5*
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband
 of
 Wife

Father's Name Mother's Name

Cause of Death { Primary *Phthisis Pulmonalis & Tuberc* How long sick *220*
 Immediate *Calculated Pneumonia* Accident, Suicide, Homicide

Reported by *Walter B. G. ...*

Address *220 ... St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, WASH.



Adelbert Busley

Town

County

Died at Chas St Anem

Buck

MARYLAND

Dato 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	9	12	3	—	—	Mo	infant
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	

Husband
Wife ofFather's
Name

Jeff W. Busley

Mother's

Name

Mrs Busley

Cause of	Primary	How long sick
Death	Immediate	2 weeks
	—	396
		Accident, Suicide, Homicide

Reported by

Dr R. L. Massenburg

Address

Pawson

Md



Name in Full

Certificate of Death

Amelia Bonds

Town

County

Died at

Hampden

Battemine

MARYLAND

Date 189

8

Month

Day

Y

M.

D.

Native of

Occupation

9-18

Age *32*

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~Number of children living *1*~~Husband~~

of

Wife

Father's

Name

Dennis Bonds

Mother's

Name

Cause of

Primary

*Burned to death -
by gasoline stove*

How long sick

Death

Immediate

Accident, ~~Suicide, Homicide~~

Reported by

Belt & Co. Dem. Insur.

Address

9-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

11 weeks

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. D. Brooks Ch.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Certificate of Death

Tenn

County

Died at:

Town
 Eklo
 Month

Month

Day

Y

County Baltimore

25

D.

Native of

MARYLAND

Occupation

Date 189

2

5

Age

39

~~Min~~

White

~~Abstract~~

~~Wilson~~

~~Divorced~~

Female

Colored

Single

~~W. Jones~~~~Number of children lives~~

Husband

04

Wife

Father s

Name _____

Christopher Bull

Mother's

Name _____

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

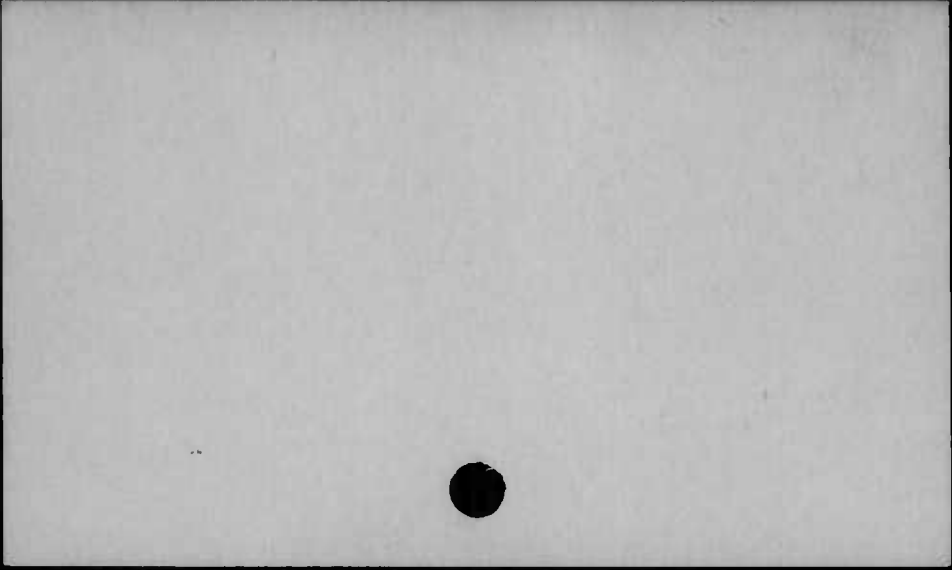
The Democrat
Towson

Sept. 19.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868



Name in Full

Certificate of Death

Margaret T. Burns,

Town

County

Died at

Mr. Hope

Baltimore

MARYLAND

Date 189

F

Month

Day

Y.

M.

D.

Native of

Occupation

9-5

Age

70

old

Ireland

Nurse

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

46

Cause of

Primary

Dementia Chronic

How long sick

Death

Immediate

Ex from Chronic Gangrene

Accident, Suicide, Homicide

Reported by

Frank J. Flannery, M.D.

Address

Mr. Hope Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



Anthony Butte

Town

County

MARYLAND

Died at

Perry Hall

Baltimore

Date 189

8

Month

Day

9

Age

77

Y.

M.

Native of

Occupation

Farmer

~~Male~~

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living 8

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Batts. Co. Union (Trosen) 9-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Misses D. D. ~~Chalk~~, Chalk

Died at *Brooklandville* Town

Beth County

MARYLAND

Date 189 *✓* *Sept 14* Month Day Y. M. D. *75* Age Native of *Bethesda* Occupation
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
Female ~~Colored~~ ~~Single~~ *Widower* Number of children living *4*

Husband of *Wife: James Chalk*
 Wife of *10*
 Father's Name *10* Mother's Name

Cause of *Primary* *inflammation of bowels* How long sick *6 days*
~~Death~~ *Immediate* *87* ~~Accident, Suicide, Homicide~~

Reported by *John Burns,* *June D. Winter*
 Town *Bethesda* Address *Chalk*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

P.C.I 10

Name in Full

Certificate of Death

Name *Janette R. Chaney*
 Died at *Mr. Hope Reiter* Town *Baltimore* County *MARYLAND*
 Date 189 *8* Month *9* Day *16* Y. *79* M. *5* D. *1* Native of *B.C.* Occupation *None*
 Male ☒ Female ☐ White ☒ ~~Colored~~ Married ☒ ~~Single~~ Widowed ☐ ~~Widower~~ Divorced ☐ Number of children living *None*

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of Death { Primary
 Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Frank J. Glannery, M.D.,
Mr. Hope Reiter

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harriet Chew

Town

County

Died at

Pawson

Baltimore

MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
8	9	28	69	-	-	-	MD	Housewife
Male	White	Married					Widow	Divorced X
Female	Colored	Single					Widow	Number of children living 6

~~Husband~~

of

Wife

Chas R. Chew deceased

Father's

Name

Jacob Green

Mother's

Name

Mrs Green

Cause of

Primary

Invalid for 9

How long sick

10 years

Death

Immediate

La Grippe, Pulmonary, Angustia

Accident, Suicide, Homicide

Reported by

Dr R. L. Massenburg

Address

Pawson

MD



Name in Full

Certificate of Death

William B. Chew

Town

County

Died at

Catonsville

Baltimore

MARYLAND

Date 189

8 Sept 16

Age 64

Y. M. D.

Native of

Md

Occupation

Police officer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Several

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Senile Dementia

Death

Immediate

Exhaustion

45

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

W. B. Chew

Address

Catonsville

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Fannie M. Collins

Town

County

Died at

Mr. Hope Retreat

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

F

9-9

Age

55

N.Y.

None

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Mania Chronic

How long sick

7 or 8 yrs.

Death

Immediate

Ex. Diarrhoea Chronic

Accident, Suicide, Homicide

Reported by

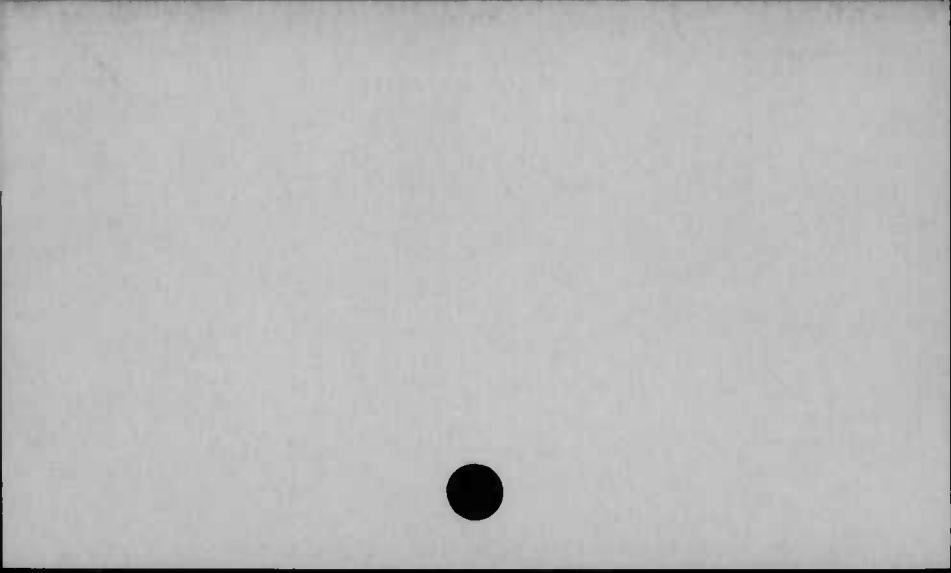
Frank G. Hanner M.D.,

Address

Mr. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name in Full

Certificate of Death

Jemima Cook

Town

Calonsville

County

Balto

MARYLAND

Died at

Date 189

8

Month

9

Day

23

Age

Y

85

M.

D.

Native of

Md

Occupation

~~Male~~~~White~~~~Married~~

Widow

~~Unmarried~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

John Cook

Basil Matthews

Mother's

Name

Cause of

Primary

Emphysema of Lungs 76

Death

Immediate

Hemorrhage

How long sick

5 years

Accident, Suicide, Homicide

Reported by

Dr C L Mansfield Health Officer

Address

Calonsville

Md



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958



Name in Full

Certificate of Death

Butta Katharine Cummings

Town

County

MARYLAND

Died at

Middletown

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

5

9-12

Age

26

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

~~Husband~~ of

Wife

Father's

Name

Mother's

Name

Wm. P. Cummings

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Md. Journal (Froson)

Address

9-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1898



Name in Full

Catharine May Dailay

Town

County

Died at

Sparrons Point

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5

9-2

Age

-6-

Male

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Struck

82

How long sick

3 mmo.

Death

Immediate

Marasmus

Accident, Suicide, Homicide

Reported by

Frank C. Eldred M.D.

Address

Sparrons' Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Debaugh

Town

County

MARYLAND

Died at

Arcadia

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

5

9 - 13

Age

76

Male

White

Married

~~Widow~~~~Divorced~~

Farmer

Husband

of

Mary A. (McCulloch) Debaugh

Father's

Name

Mother's

Name

Number of children living 3

Cause of

Primary

Typhoid fever 1

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Maryland Journal

Address

Pawson Union 9/10

Towson 9-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Arlington* ^{Town} *Dickerson* ^{County} *Baltimore* ^{MARYLAND}

Date 189 *5* ^{Month} *9* ^{Day} *10* ^{Age}

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's Name *Benj. G. Dickerson* Mother's Name *Susan L. Dickerson*

Cause of { Primary *Still - birth* How long sick

Death { Immediate

Accident, Suicide, Homicide

Reported by *William J. Todd, Jr.*

Address *Mr. Washington*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at *Edou Dietrich*
 Town *Harford Co. Md* County *Baltimore* MARYLAND
 Date 189 *8* Month *9* Day *17* Age *68* Y M. D. Native of *Germany* Occupation *Cannery mfr.*
 Male ☒ White ☐ Married ☒ Widowed ☐ Divorced
~~Female~~ ☐ ~~Colored~~ ☐ Single ☐ Widower Number of children living *6*
 Husband of *Mary Elizabeth (Logan) Dietrich*
 Wife of
 Father's Name Mother's Name

Cause of Death { Primary
 Immediate
 How long sick *161*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 88888



Name in Full

Certificate of Death

Mary Doherty.

Died at ^{Town} Glyndon, ^{County} Baltimore, MARYLANDDate 1898. ^{Month} 9th ^{Day} 17th ^{Y.} Y. ^{M.} M. ^{D.} D. ^{Native of} Ireland ^{Occupation} None
~~Male~~ ^{White} White ~~Married~~ ^{Widow} Widow ~~Divorced~~
~~Female~~ ^{Colored} Colored ^{Single} Single ~~Widower~~ Number of children living. One~~husband~~ of John L. Doherty.
Wife
Father's Name William Patterson Mother's Name Martha AlcornCause of { Primary Gastroenteritis How long sick 3 weeks
Death { Immediate Exhaustion
~~Accident, Suicide, Homicide~~Reported by John W. White, M.D.
Address Glyndon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 25065

E. D. Selby, Anderson
Kinston

Name in Full

Certificate of Death

Annie Dorman
 Died at *Bay View Asylum* Town *Baltimore* County *MARYLAND*

Date 189 *5* Month *9* Day *22* Y. M. D. Native of *Tulsa* Occupation *Tulsa*

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
 of

Father's
 Name

Mother's
 Name

25d

Cause of { Primary *Carcinoma of Uterus*
 Death { Immediate *Exhaustion*

How long sick

Accident, Suicide, Homicide

Reported by

Lee Cohen, M.D.
B. V. Asylum

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Died at		Town		County		MAYLAND		
Date 189		Month	Day	Y.	M.	D.	Native of	Occupation
8		9	8	48				
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living 8
Husband of		James Eagan						
Wife								
Father's Name		Mother's Name						
Cause of Death		161						How long sick
Primary								
Immediate								Accident, Suicide, Homicide
Reported by		Bald & Co. Dr. Trower						
Address		9-10						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary E. Perry Edmonson
 Town *Baltimore* County *Baltimore* **MARYLAND**

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

9-4

Age

71

Balt.

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
Wife

Father's

Name

Mother's

Name

94

Cause of

Primary

Acute Indigestion

How long sick

Just a moment

Death

Immediate

Apoplexy

Accident, Suicide, Homicide

Reported by

E. M. Duncan, M.D.

Address

Gorantown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

John Louis Elliott

County

MARYLAND

Died at

Chase

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9 - 23

Age

23

1

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis of Lungs

How long sick

about 6 months

Death

Immediate

22d

Accident, Suicide, Homicide

Reported by

John H. Harrison M.D.

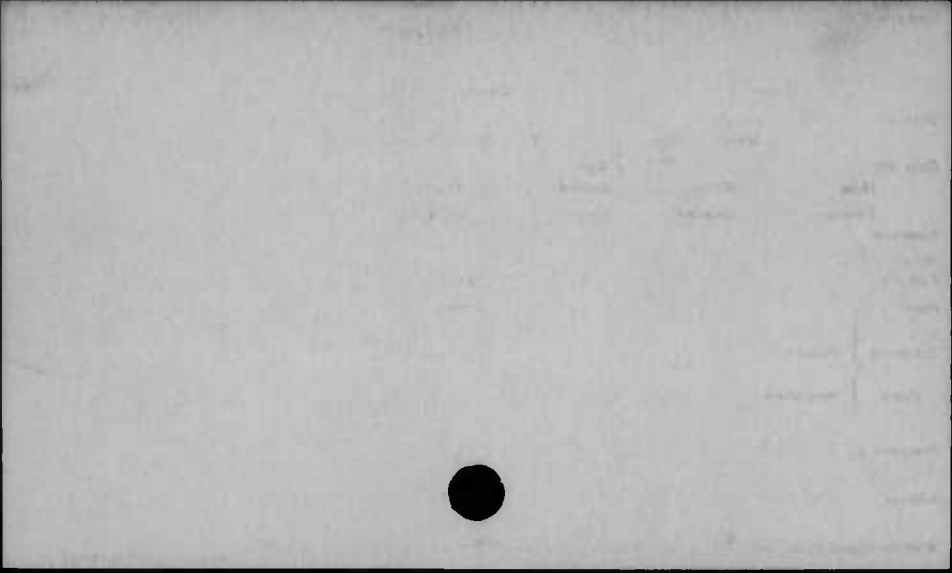
Address

Middle River

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Andrew Eason

Town

County

Died at

Hordburg

Baltimore

MARYLAND

Date 189

8

Month

9

Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Belle Co Dean, Townson
9-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Abram W. Enon, Indutaku

Delivered
Oct. 19

Elizabeth Farren

Died at *B. V. Gaylum* Town *Baltimore* County *MARYLAND*
 Date 189 *5* Month *9* Day *23* Age *61* Y. ☒ M. ☐ D. Native of *Pa.* Occupation *Home-keeper*
☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☐ Widower ☐ Widowed Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of

Primary

Chronic Parenchymatous

Death

Immediate

Nephritis
 Wraemia

How long sick

Accident, Suicide, Homicide

Reported by

Die Cerhen, M.D.

Address

B. V. Gaylum,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~Female~~

Colored

Single

Widow

Widower

Divorced

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

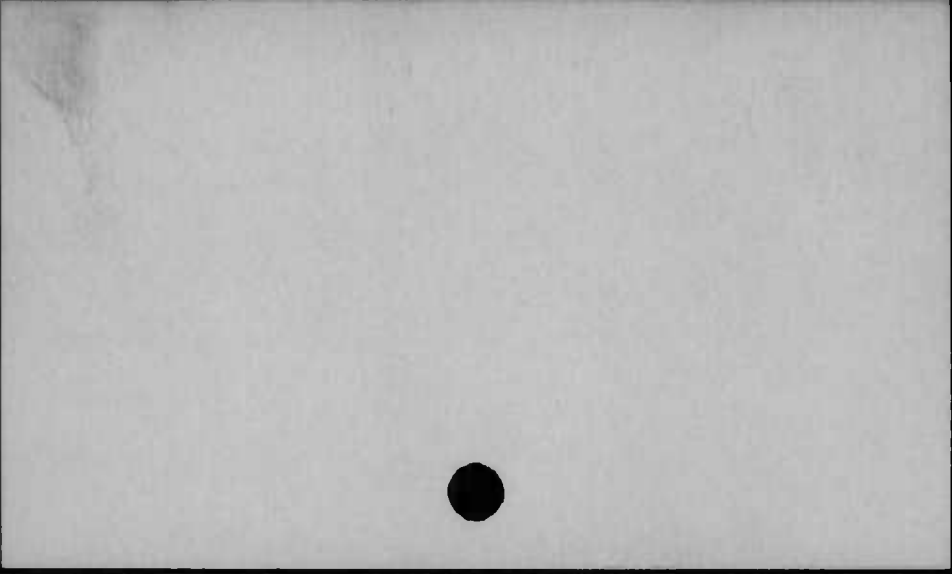
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968



Name in Full

Certificate of Death

Peter Gammal
 Died at *Bay View Asylum* *Baltimore* *MARYLAND*
 Date 189 *5* Month *9* Day *24* Y. *61* M. *D.* Native of *Ind.* Occupation *Laboren*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband
of

Wife

Father's
NameMother's
Name

Cause of Death { Primary *Strangulated Inguinal Hernia*
 Immediate *Hernia*

How long sick

24 hrs.

Accident, Suicide, Homicide

Reported by

Address

Lie Cerkus M.D.,
B. V. Asylum,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969



Mary Gatrul

Died at *Wm. Dams Ind* Town *Baltimore* County *MARYLAND*

Date 189 *8* Month *9* Day *15* Y. M. D. *N.Y.* Native of *Religious* Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

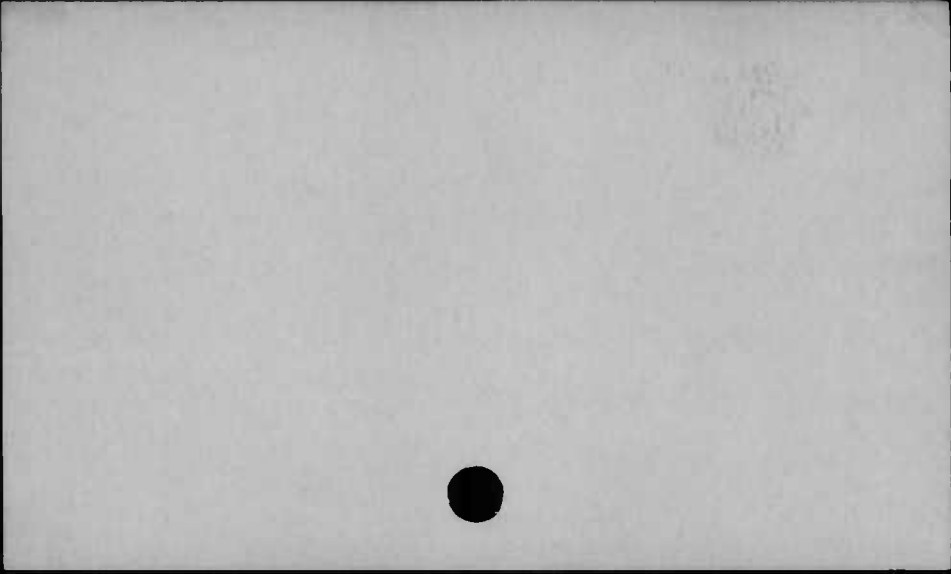
Husband of
Wife

Father's Name
Mother's Name *96*

Cause of Death { Primary *Acute Hemorrhagic Bright's* How long sick
Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *Henry H. Corkey, M.D.,*

Address *Poland Park*



Name in Full

Certificate of Death

Thomas J. George

Town

County

Died at

Tavern

Buck

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	9	4	Age	54		Id	C. Engineer
Male	White	Married	Widow			Divorced	
Female	Colored	Single	Widower			Number of children living	1

Husband

of

Elizabeth George

Wife

Father's

Name

X

Mother's

Name

X

Cause of	Primary	Leirrhosis of the liver	How long sick	months
Death	Immediate	Locomotor ataxia 40	Accident, Suicide, Homicide	

Reported by

Dr R. L. Massenburg

Address

Tavern

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

F

9-14

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
X of

Wife

Father's

Name

Henry Gompf

Mother's

Name

Annie Gompf

Cause of

Primary

How long sick

Death

Immediate

161

Accident, Suicide, Homicide

Reported by

Dr. J. J. J. J.

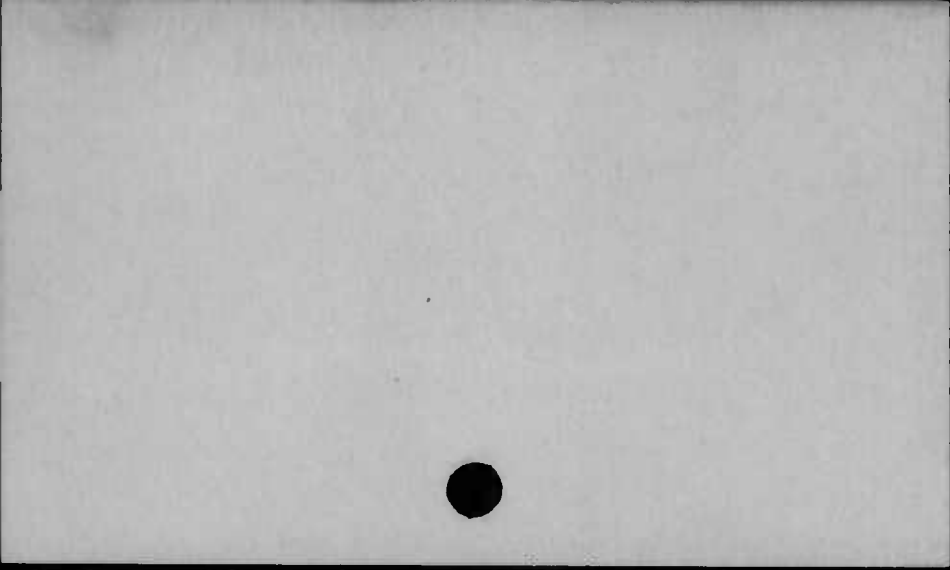
J. J. J.

Address

9-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988



Name in Full

Certificate of Death

Still Born *Gore*
Died at *Oakland* *Cal* *MARYLAND*
Town *Cal* *MARYLAND*
Month *Sept* Day *25* Y. M. D. *Cal* *MARYLAND*
Native of *Cal* *MARYLAND*
Occupation

Date 189 *8* *Sept* *25*
Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* *Number of children living*

Child of Mrs. C. B. Gore
Husband *C. B. Gore* Father's Name *C. B. Gore*
Wife *Mrs. C. B. Gore* Mother's Name *Mrs. C. B. Gore*

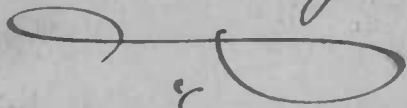
Cause of Death { Primary *Still Born* *162*
Immediate *Still Born* *162*
How long sick *162*
Accident, Suicide, Homicide

Reported by *Chas. St. Kraft Undertaker*
Address *Pikesville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr. Certificate filed
with Health Board
Balt. City



Dr. James
Alexander

Name in Full

Certificate of Death

Mrs. Alta Gore

Town

County

Bald Co.

Died at

MARYLAND

Date 189

Sept

Month

Day

Age

Y.

M.

D.

Native of

Occupation

28

38

Bald Co. Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

ColoredSingleWidower

Number of children living

6

~~Husband~~

Wife

~~Father's~~NameMother'sName

Cause of

Primary

Death

Immediate

Labor

123

How long sick

5 hours

~~Acute Granular Pharyngitis~~

Reported by

C. St. R. H. Undertaker

Address

Pineville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Dr. Certificate filed
with Health Board
Balt. City

Dr. Jones
Arlington

Name in Full

Certificate of Death

Abraham Griffith

Town

County

Died at

Sharon

Baltimore

MARYLAND

Date 189

F

Month

Day

9-8

Y.

M.

D.

Age

69

Native of

Occupation

Farmer

Male

White

Married

~~Widow~~~~Deceased~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Balto. Co. Inver (Gordon) 9-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Dorothy Hoyerly

Town

County

Died at

Catonsville

Baltimore

MARYLAND

Date 189

8

Month

9

Day

9

Y.

5

M.

8

D.

Native of

Occupation

Female

White

~~Mixed~~

Single

Widow

Widower

Divorced

Number of children living

Husband

of

Wife

Father's

Name

William H. Hoyerly

Mother's

Name

Margaret Hoyerly

Cause of

Primary

Ripheuria

89

How long sick

1 week

Death

Immediate

Septic infection

Accident, Suicide, Homicide

Reported by

Charles M. Wiley

Address

Catonsville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958



Name in Full

Certificate of Death

Thomas Hall

Town

County

Died at

Woodbury

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Sept 18th

Age

15

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Frank Hall

Mother's

Name

145-d

Cause of

Primary

Crushed under a train

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Hampstead Enterprise, Sept 23rd

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, WASH DC

CHANDLER

Name in Full

Certificate of Death

Name in Full *Armistead Herod*
 Died at *Bay View Asylum* Town *Baltimore* County *MARYLAND*
 Date 189 *5* Month *9* Day *24* Y. *54* M. *54* D. *54* Native of *Va.* Occupation *Stender*
 Male *White* Married *Widow* Divorced
~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband
of
Wife

Father's
Name

Mother's
Name

57

Cause of Death { Primary *Gravel, Regurgitation*
 Immediate *Cardiac Asthenia*
Lee Terhune, M.D.

How long sick

Accident, Suicide, Homicide

Reported by

Address

Bay View Asylum,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Lewis* Town *Hoff* County *Baltimore* MARYLAND

Date 189 *5* Month *9* Day *8* Age *88* M. D. Native of *Germany* Occupation

Male ☒ White ☒ Married ☒ Widower ☐ Divorced ☐ Number of children living

Husband of
Wife

Father's Name *John* Mother's Name *141*

Cause of Death { Primary *Old age* Immediate *Congestion of lungs* How long sick *2 days* Accident, Suicide, Homicide

Reported by *Chas. G. Hill, M.D.*

Address *Mr Hope Burton*



Name in Full

Certificate of Death

William H. Howard

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5

9

5

Age

43

Baltimore

Baltimore City, Md. Cooper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

142 a

Cause of

Primary

Poisoned himself with

How long sick

Death

Immediate

carbolic acid & Iodoform

Accident, Suicide, Homicide

Reported by

A. Fred. Hartman, Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65957



Name in Full

Certificate of Death

Died at *Town* *Black Rock* *County* *Baltimore* *MARYLAND*

Date 189*8* *Month* *9* - *Day* *29* *Age* *21* - *3* - *16* *Y.* *M.* *D.* *Native of* *Occupation*

Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* *Number of children living*

Husband of *Augustus Hunt*
Wife
Father's *Carl H. Wheeler* *Mother's*
Name *Name*

Cause of { *Primary* *How long sick*
Death { *Immediate* *Accident, Suicide, Homicide*

Reported by *Hampstead Enterprise*
Address *10-7*

Rev. Wm. J. Nickol, Fount Church,

Mr. Sharer, Westminster Undertaker

ad. Oct 19th Day & he did not
have the funeral.

Name in Full

Certificate of Death

Adam Kelly

Town

Texas

County

Baltimore

MARYLAND

Died at

Date 189

8

Month

Day

Sept 30

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Elisha H. Kelly

Mother's
Name

Cause of

Primary

Death

Immediate

How long sick

161

Accident, Suicide, Homicide

Reported by

Toussaint Union

Oct 8th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Agnes C Kemper

Died at

Town

County

Heighlan town

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 4 1894 Age 22 9/14 Maryland Nurse Kiepen

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Kemper

Mother's

Name

Annie M Kemper

Cause of

Primary

Typhoid Fever

How long sick

10

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. W. Jamney M D

Address

307 Bonds Ex 10

1529

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

79

Name in Full

Certificate of Death

Died at

Date 189

Month Day

Y. M. D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
NameMother's
Name

Cause of { Primary

Death { Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75000



Name in Full *Magdalene Kern*

Town *B. V. Asylum* County *Baltimore* MARYLAND

Died at *B. V. Asylum*

Date 189 *5* Month *9* Day *25* Age *64* Y. M. D. Native of *Germany* Occupation *Domestic*

~~Male~~ ☒ White ~~Married~~ ☒ Widow ~~Divorced~~ ☒

Female ~~Colored~~ ☒ Single ~~Widower~~ ☒ Number of children living

Husband of

Wife

Father's Name

Mother's Name *97*

Cause of Death { Primary *Chronic Nephritis* Immediate *Maemia* } How long sick

Accident, Suicide, Homicide

Reported by *Lee Cohen M.D.*

Address *Bay View Asylum, Md.*



Name in Full

Certificate of Death

Louisa Matilda Krackl

Town

County

Died at

Franklinston Baeto.

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

9

15

Age

82

9

Baeto

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Acute Regurgitation

How long sick

6 mos.

Death

Immediate

Asphyxia 57

Accident Suicide Homicide

Reported by

J. Carroll Monmouth, M.D.

Address

570 Keyville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85938



Name in Full

Certificate of Death

Johanna Tracht

Town

County

MARYLAND

Died at

Franklintown Bucto.

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

9

13

Age

90

9

Prussia

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Lobar Pneumonia

How long sick

1 week

Death

Immediate

Syncope 72

Accident, Suicide, Homicide

Reported by

Carroll W. Morrison Jr. M.D.

Address

Dickensville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 85968



Name in Full

Certificate of Death

Wm. Krastle

Died at *Back River Bridge* Town *Baltimore* County *Baltimore* MARYLAND

Date 189 *8* Month *9* Day *13* Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband
of
Wife

Father's Name Mother's Name

Cause of Death { Primary How long sick

Death { Immediate Accident ~~Suicide~~ ~~Horrend~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1896

Says he did not hold an
Justice Leysen, Carter,
Corner. Dec 19th.

Name in Full

Certificate of Death

Ellen Kuthropi

Town

County

Died at

Patakes Neck

Batts.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

9-3

Age 4

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~Number of children livingHusband
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Diphtheria 8a

How long sick

5-6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

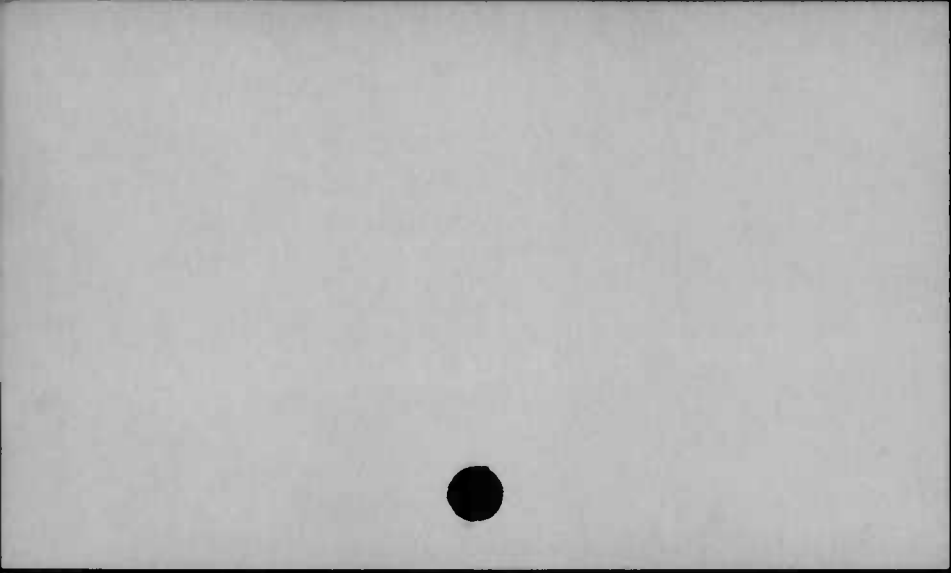
G. C. McCormick, M. D.

Address

Sparrow's Point Bates Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958



Name in Full

Certificate of Death

Mary Lynch

Town

County

Died at *St. Ignace Hospital* *Baltimore* MARYLANDDate 189 *8* Month *9* Day *15* Age *21* Y. M. D. Native of *Ind.* Occupation *Seamstress*~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

220

Cause of { Primary

Pulmonary Tuberculosis

How long sick

4 mos.

Death { Immediate

Aschemia

Accident, Suicide, Homicide

Reported by

D. F. O'Connor M.D.

Address

St. Ignace Hospital

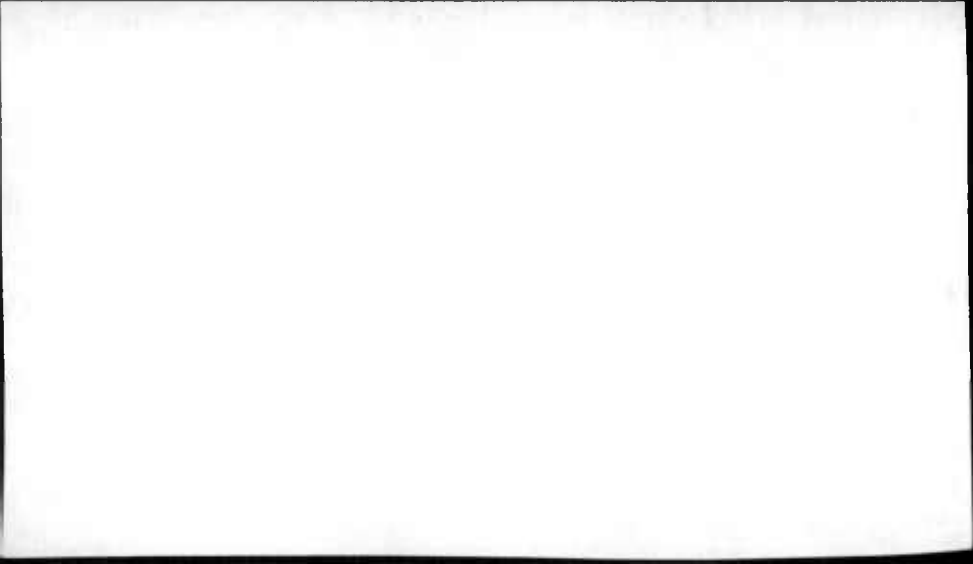
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



original filed with August - Index gives date of Aug. 1898

Died at		Town Cockeysville		County Baltimore		MARYLAND		
Date 1898		Month 9	Day 9	Y. 20	M. D.	Native of		Occupation
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living
Husband of		Wife						
Father's Name		Mother's Name						
Cause of	Primary	Typhoid fever					How long sick	
Death	Immediate						Accident, Suicide, Homicide	
Reported by		Bates, J. M. Brown						
Address		9-10						
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.								



Name in Full

Certificate of Death

Margaretha Mackley

Town

County

Died at

MARYLAND

Date 189

Month Day

Age

Y.

M.

D.

Native of

Occupation

Lauranville 9-20

88

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Wid. Journal Town

9-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65088



Name in Full

Certificate of Death

P. J. Markus

Died at

Highlandtown Baltimore

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

Male

White

Age

8

7

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Cholera Infantis

How long sick

2 weeks

Death

Immediate

Reported by

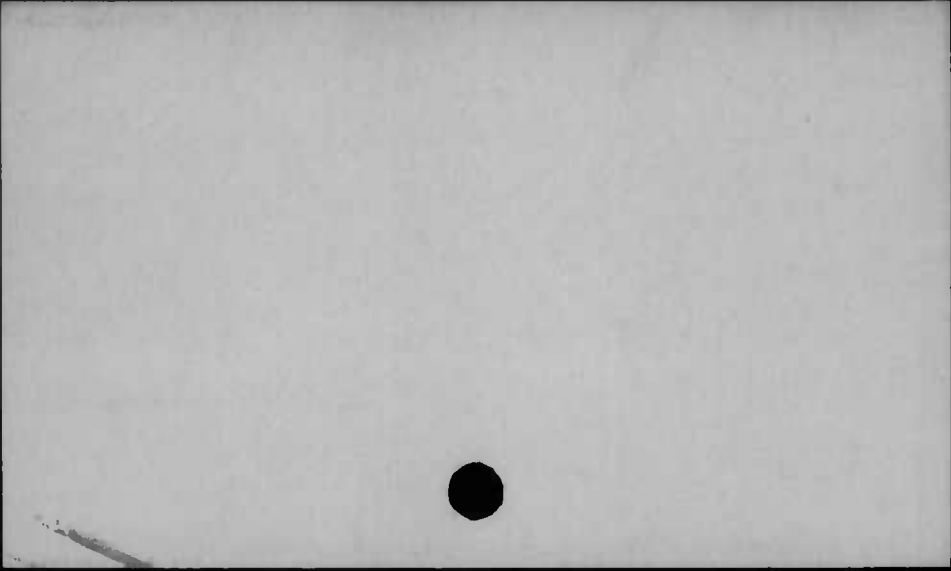
A. S. Warner MD

Address

1120 Highland av

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Dysentery

1380

How long sick

From birth

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

LIBRARY BUREAU, 65968

10/10/1911

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1000

1000



Name in Full

Certificate of Death

Albert Miller

Died at

Town

County

11th District

Baltimore

MARYLAND

Date 189

Y

Month

Day

Y

M

D.

Native of

Occupation

9-10

Age

78

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Old age

141

How long sick

several months

Death

Immediate

Accident, Suicide, Homicide

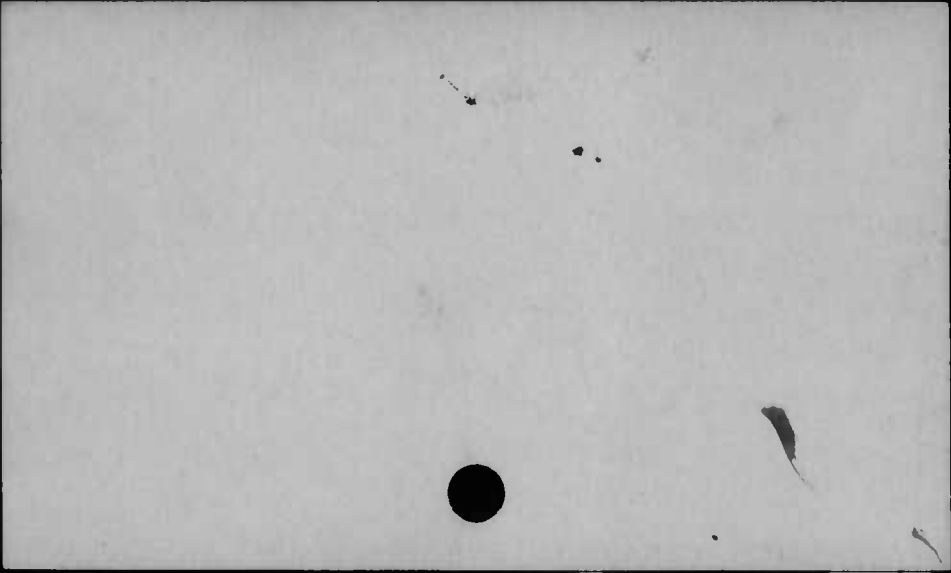
Reported by

Bullock Dem. 9-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Color~~~~Single~~~~Widow~~

Number of children living 0

~~Husband~~ of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis 44

How long sick

3 yrs.

Death

Immediate

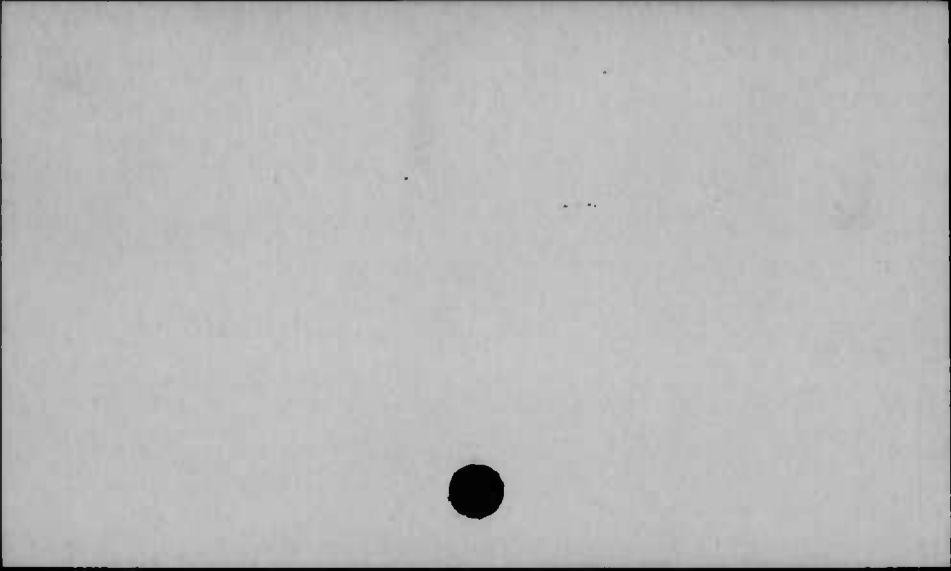
Accident, Suicide, Homicide

Reported by

Batts. Es. Union Cowan 9-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9-21

Age

31

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

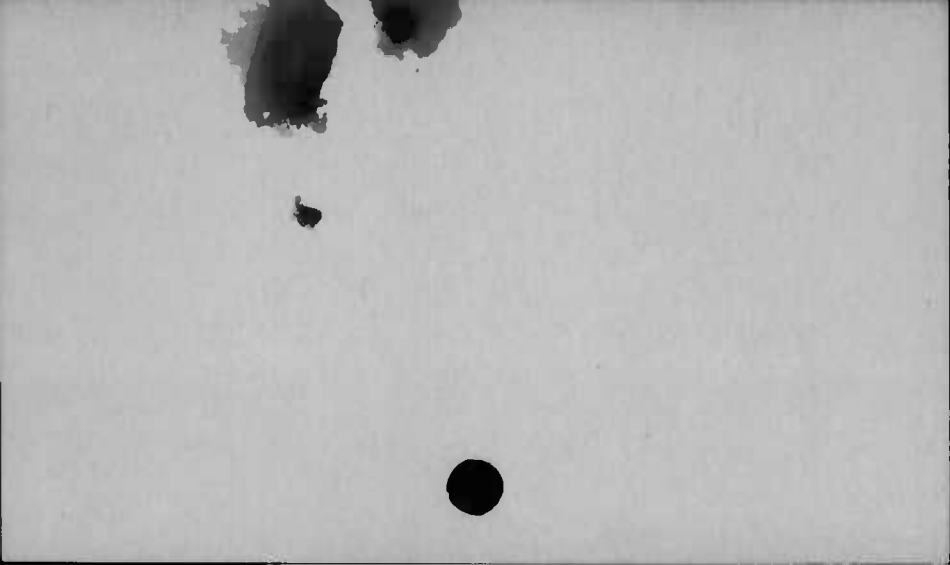
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

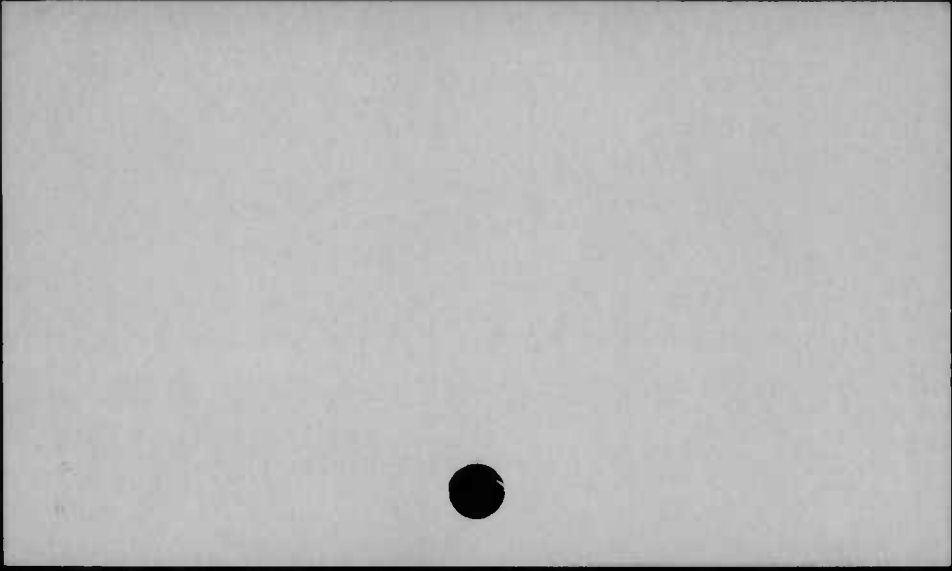
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Lenis Morgan*
 Died at *B. V. Asylum* Town *Baltimore* County *MARYLAND*

Date 189 *8* Month *9* Day *5* Y. *35* M. *5* D. *5* Native of *Balto.* Occupation *Labrer*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband
 of

Wife
 Father's
 Name

Mother's
 Name

220

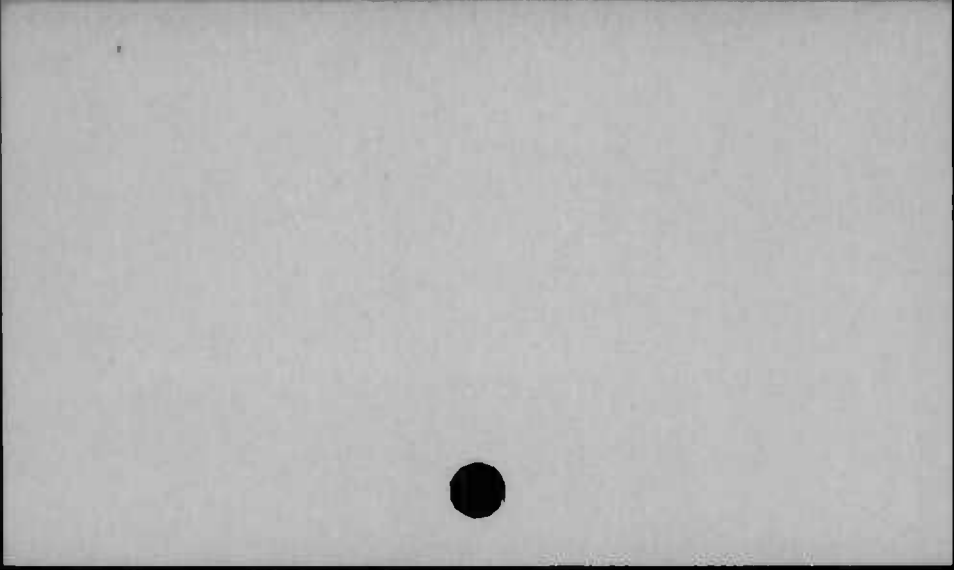
Cause of Death { Primary *Phthisis Pulmonalis*
 Immediate *Exhaustion*
 How long sick
 Accident, Suicide, Homicide

Reported by

Address

Lee Cerken, M.D.
Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Germia Maggie Moseth

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

12 weeks

Accident, Suicide, Homicide

Reported by

Address

*Frank C. Eldredg
Sparrows' Print. Bldg.*



John Mullin

Town

County

MARYLAND

Died at

Baltimore

Date 189

81

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 22

Age

75

Ireland

Merchant

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Arterio sclerosis

59

How long sick

20 hours

Death

Immediate

Senile decay

Accident, Suicide, Homicide

Reported by

L. C. M. Macgill

Address

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at Margaret C. Hall Town Gallo Road County Baltimore MARYLAND

Date 189 5 Month 9 Day 4 Y. 4 M. 10 D. 10 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's Name Mother's Name

Cause of Death { Primary Inanition Immediate 140 How long sick 3 weeks
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Am. H. Neild

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5

9 - 10

Age

63

Baltimore

Md.

Carpenter

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

72

How long sick

1 week

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

R. L. Garrett, M.D.

Address

B. V. Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *John Hicks* Town *B. V. Asylum* County *Baltimore* MARYLAND

Date 189 *5* Month *9* Day *2* Y. *64* M. D. *Germany* Native of *Driver* Occupation
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐ Number of children living *0*

Husband of
 Wife

Father's Name Mother's Name *97*

Cause of Death { Primary *Parenchymatous hepatitis* How long sick
 Immediate *Alcoholic intoxication* Accident, Suicide, Homicide

Reported by *Dr. Cohen M.D.*Address *B. V. Asylum*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Frank J. Ottens

Town

County

Died at 720 N. Second St.

Baltimore

MARYLAND

Date 189 5 9-29 Age 1-2 M. D. Native of Baltimore Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of Death { Primary Immediate } Diphtheria 82
Marasmus
How long sick about 3 weeks
Accident, Suicide, Homicide

Reported by

Dr. H. Schlusser M.D.

Address

1013 S. Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65773



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

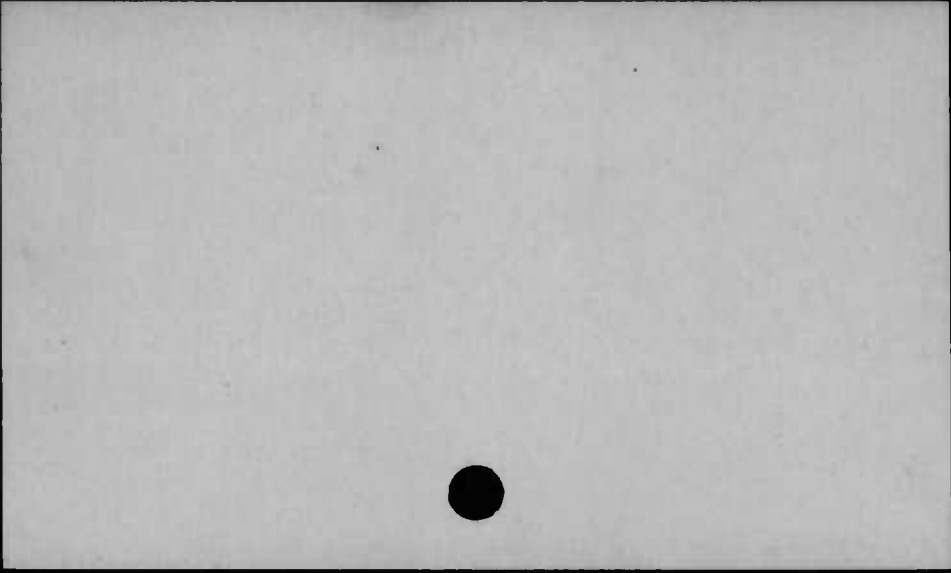
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name in Full *Samuel Pinsky*
 Died at *Ind. Ansel Correction* Town *Baltimore* County *MARYLAND*
 Date 189 *5* Month *9* Day *19* Y. M. D. Native of Occupation

Male *White* Age Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

57

Cause of { Primary *Chronic Congestion of Kidneys*
 Death { Immediate *Valvular Disease of Heart*

How long sick

Accident, Suicide, Homicide

Reported by

Address

*H. B. Gant, M.D.,
 Jessup, Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

F

9-21

Age

44

Bohemia

Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

57

Cause of

Primary

Mitral Insufficiency

How long sick

2 mos

Death

Immediate

Unaware of Burial Effusion

Accident, Suicide, Homicide

Reported by

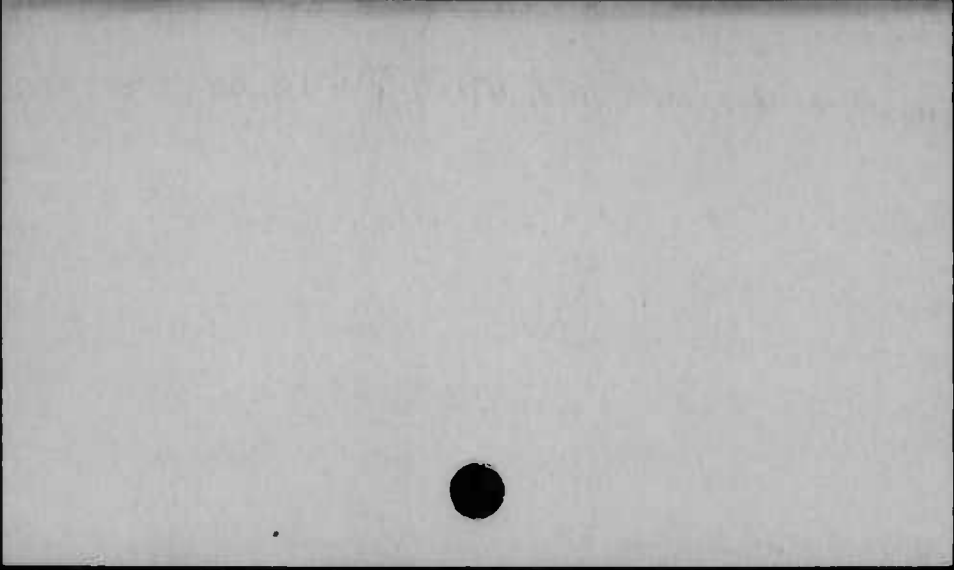
R. E. Garrett, M.D.

Address

B.V. Asylum, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 65968



Died at

MARYLAND

Date 189

Town
Carney

County

Rye
Baltimore

Month

Day

Age

M.

D.

Native of

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

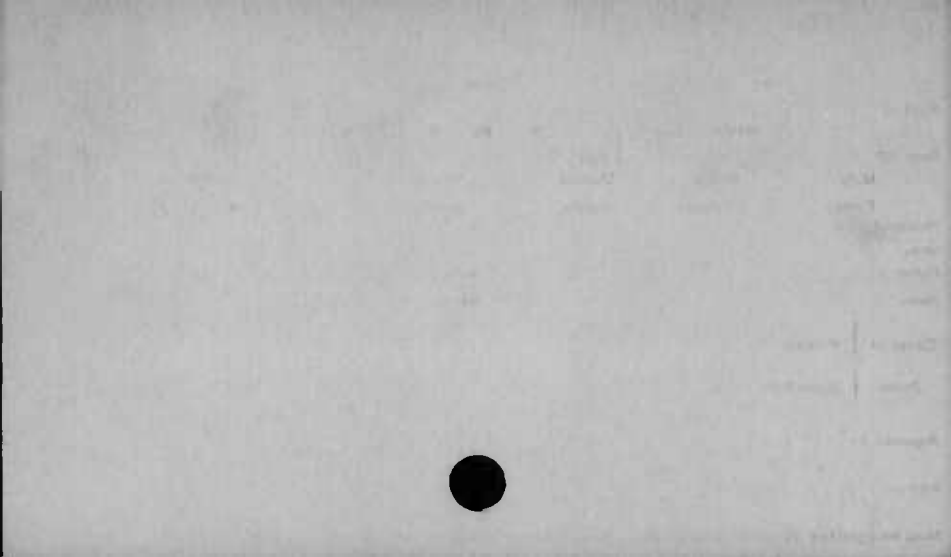
Accident, Suicide, Homicide

Reported by

Address

Baltimore Union Sept 17
Downtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *B. V. Bay View* Town *Bayside* County *Baltimore* MARYLAND
 Date 189 *7* - *2* Month Day Y. M. D. Age *72* Native of *Germany* Occupation *Clerk*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced
 Female ☒ Colored ☒ Single ☒ Widower Number of children living

Husband
of
Wife

Father's
Name

Mother's
Name

141

Cause of Death { Primary *Senility* Immediate *Transition* How long sick
 Accident, Suicide, Homicide

Reported by

See Cerber, G. D.

Address

Bay View Bay View

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Shremaker

County

Baltimore

MARYLAND

Died at

Club Hill

Town

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

P

9-8

Age

3

Male

White

~~Marr~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Caspar Shremaker

Mother's

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

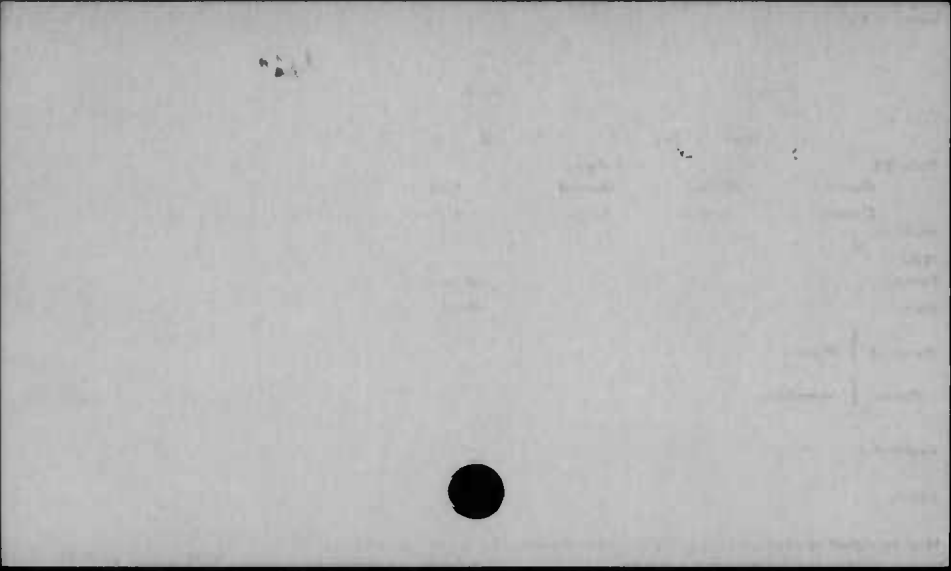
Reported by

Balt. Co. Union Sept. 17
Jowen

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Name in Full

Certificate of Death

Mary Shade

Died at *St. Vincent* Town *Balt.* County *MARYLAND*Date 189 *8* Month *Sept* Day *22* Y. *1* M. *11* D. *—* Native of *Maryland* Occupation *—*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *—*~~Husband~~
~~Wife~~Father's Name *Francis Shade* Mother's Name *Dead*Cause of Death { Primary *Pertussis* How long sick *7*
Immediate *Spasms.*

Accident, Suicide, Homicide

Reported by *Chas. H. Kraft Undertaker*
Address *Pikesville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BUREAU

Dr. Flanery.

Mt. Hope Retreat

Name in Full

Certificate of Death

Charlotte Augusta Smith

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5

9-24

Age

7

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Marasmus
Asphyxia

82

How long sick

3 mos.

Accident, Suicide, Homicide

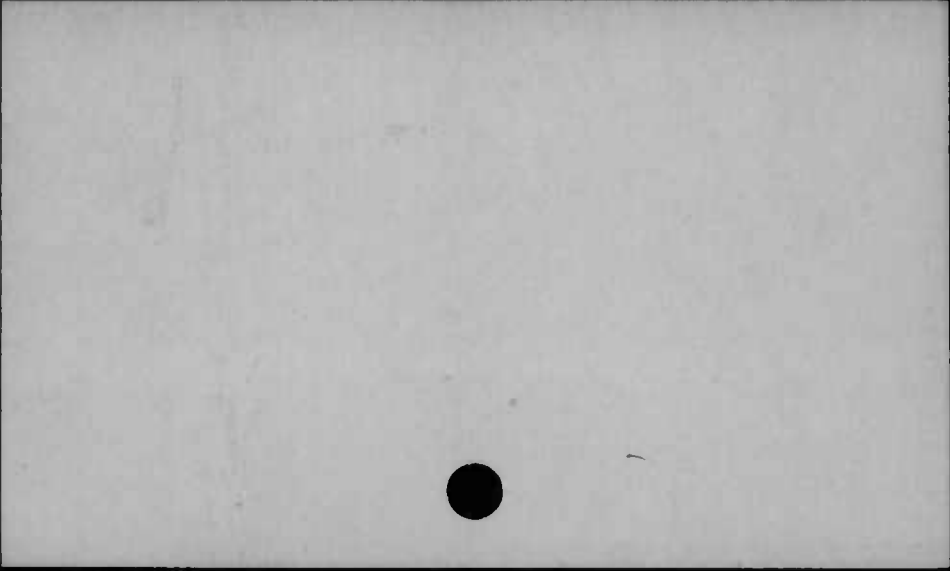
Reported by

Address

William L. Todd, M.D.,
No. Washington, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Died at *Jennie Smith*
 Town *Beaver Dam* County *Bettamine* MARYLAND

Date 189 *8* Month *9* Day *27* Y. *4* M. D. Native of Occupation
~~Male~~ White ~~Marrried~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of Death { Primary *Laryngeal Diphtheria* Immediate *8a* How long sick *8a* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town *Dock Raven*

County

Baltimore

MARYLAND

Date 189 *8*

Month

Day

Y.

M.

D.

Native of

Occupation

1 14

Age

2-6

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
X of
WifeFather's
Name*Samuel Smith*Mother's
Name*146a*

Cause of

Primary

Burned to death

How long sick

2 hrs.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Bel Air Times Sept. 17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

1841



Name in full

Charlotte Augusta Sprath.

near Melvale

Town

Beltsville

County

MARYLAND

Died at

Date 1898

Month Sept.

Day 24

Y. 0.

M. 7.

D. 0

Native of Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Arthur Jr.

Mother's Name

Cause of Death

Primary Marasmus 82

Immediate Asthenia

How long sick

Accident, Suicide, Homicide

Reported by

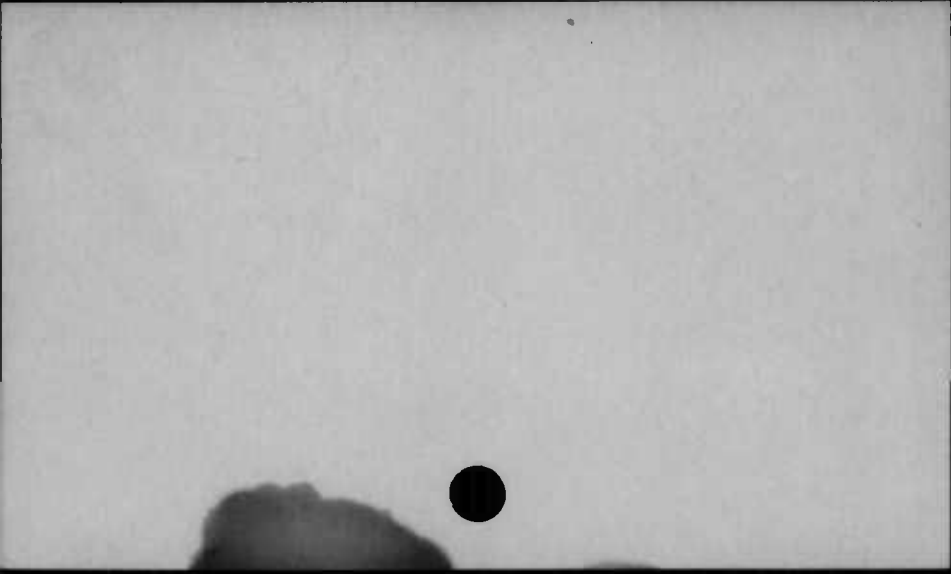
William J Todd M.D.

Address

Wt Washington

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or milliner.



Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide



Name in Full

Certificate of Death

Dora L. Stone

Town

County

MARYLAND

Died at

Calinsville

Baltimore

Date 189

8

Month

Day

Sept 13

Y.

M.

D.

Age

49

Native of

Maryland

Occupation

Housewife

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Mary Higgins

Cause of

Primary

Dementia 57

How long sick

2 days,

Death

Immediate

Valvular Dis of Heart

Accident, Suicide, Homicide

Reported by

Wm. Madet

Address

Calinsville

Md

Md Hospital for Insane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

John A. Stumpff

Died at ^{Town} Heatonville ^{County} Baltimore MARYLAND

Date 189 ^{Month} 8 ^{Day} Sept ^{Y.} 2 ^{Age} 42 ^{M.} ^{D.} ^{Native of} Germany ^{Occupation} Locksmith

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Widower~~ Divorced Number of children living

Husband of
 Wife
 Father's Name
 Mother's Name

Cause of Death { Primary Melancholia 83 Immediate Acute Enteritis How long sick 6 weeks. Accident, Suicide, Homicide

Reported by Wm G Wade

Address Heatonville Maryland Md Hospital for Insane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sandy Swan

County

Baltimore

MARYLAND

Died at

Mt. Vernon

Town

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9

Age

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

137

Cause of

Primary

Malformation of back

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Balto C. Union Sept. 17

Address

Towson



Name in Full

Certificate of Death

Died at *Arlington* Town *Thayer* County *Baltimore* MARYLAND

Date 189 *5* Month *9* Day *23* Y. M. D. Native of Occupation
 Male White Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name *W. H. Thayer* Mother's Name *Lydia Thayer*

Cause of Death { Primary *Still birth* How long sick
 Immediate

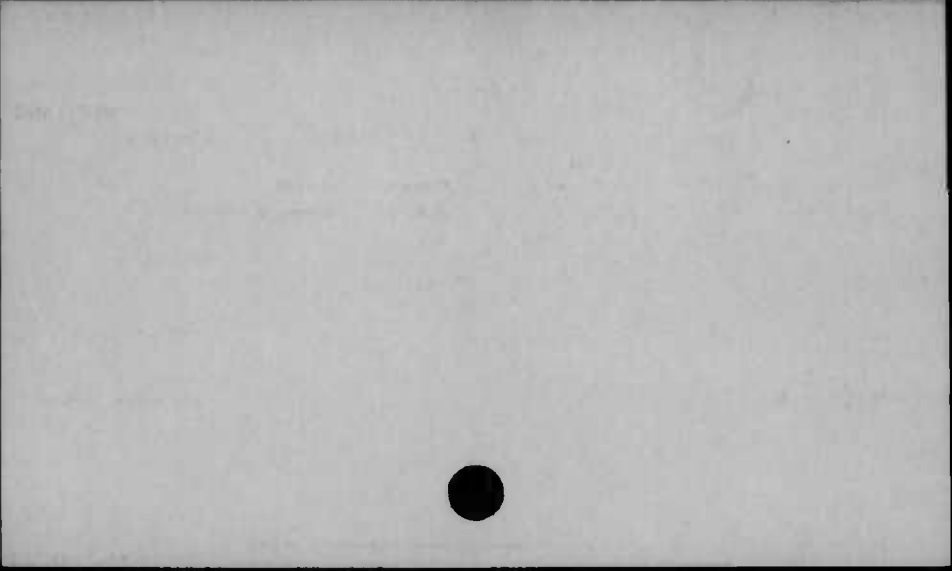
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Name in Full

Certificate of Death

Annie G. Topper (Eichelberger)

Town

County

Died at

Avinger Mills

Baltimore

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

Age

39

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Feron E. Topper

Mother's

Name

Mary E. Eichelberger

Cause of

Primary

How long sick

Death

Immediate

161

Accident, Suicide, Homicide

Reported by

Address

The News
Frederick

9-3.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 18868



Genge Parke Towson

Town

County

Died at

Cortanston

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

9-9

Age

13-2-1

Balto.

Male

White

MarriedWidowDivorced

Female

Colored

Single

WidowerNumber of children living

Husband

of

Wife

Father's

Name

Mother's

Name

132

Cause of

Primary

Cerebral Abscess, Cranial

How long sick

10 mrs.

Death

Immediate

Thick - Throat after operation

Accident, Suicide, Homicide

Reported by

Robert W. Mifflin, M.D.

Address

1016 Madison Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Francis Turner
 Town County

Died at

Baltimore

MARYLAND

Date 189

Month Day
 9 - 17

Y. M. D. Age
 83

Native of

Occupation

Retired

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of

Primary

Old age

141

How long sick

Several hrs.

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

W. P. Longan, Lord,
 315 N. Monument St.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George V. Wadd

Town

County

Died at

Arbutus

Baltimore

MARYLAND

Date 189

8

Month

Day

Sept 29

Age

Y.

M.

D.

72 3 2

Native of

Baltimore Co.

Occupation

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Emanuel Wadd

Mother's

Name

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

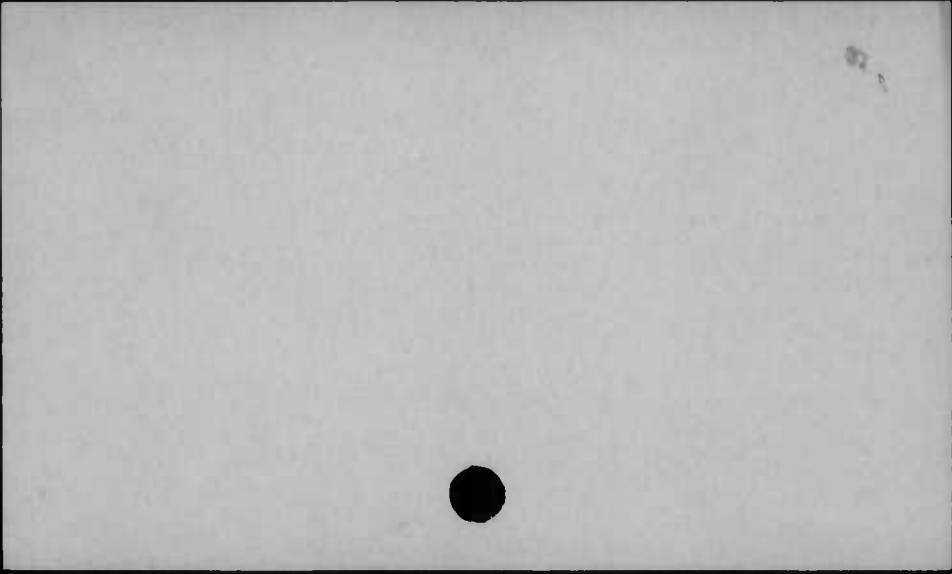
Reported by

MS. Journal Towner Oct. 8th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Fredericks Halpert

Town

County

MARYLAND

Died at

Roland Park

Balt.

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

9

27

Age

66

Germany

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living 2

Husband

of

Father's

Name

Mother's

Name

57

Cause of

Primary

Heart disease

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

The Balt. Co. Democrat. 10-1

Address

Towson



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Armintha Waller

Died at *Bay View Asylum* Town *Baltimore* County *MARYLAND*Date 189 *5* Month *9* Day *28* Y. Age *50* M. D. Native of Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

220

Cause of { Primary *Pulmonary & Intestinal Tuberculosis* How long sick *3 mos.*
Death { Immediate *Exhaustion (Emphysema)* Accident, Suicide, Homicide

Reported by

R. E. Garrett, M.D.

Address

Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65553



Name in Full

Certificate of Death

Died at

Date 189

Male

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

~~Female~~

White

~~Single~~

Widower

Number of children living

2

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65955

Saunders M. Watson

Town

County

Calontsville

Batts

MARYLAND

8 Sept 16

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

~~Female~~

White

~~Single~~

Widower

Number of children living

2

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

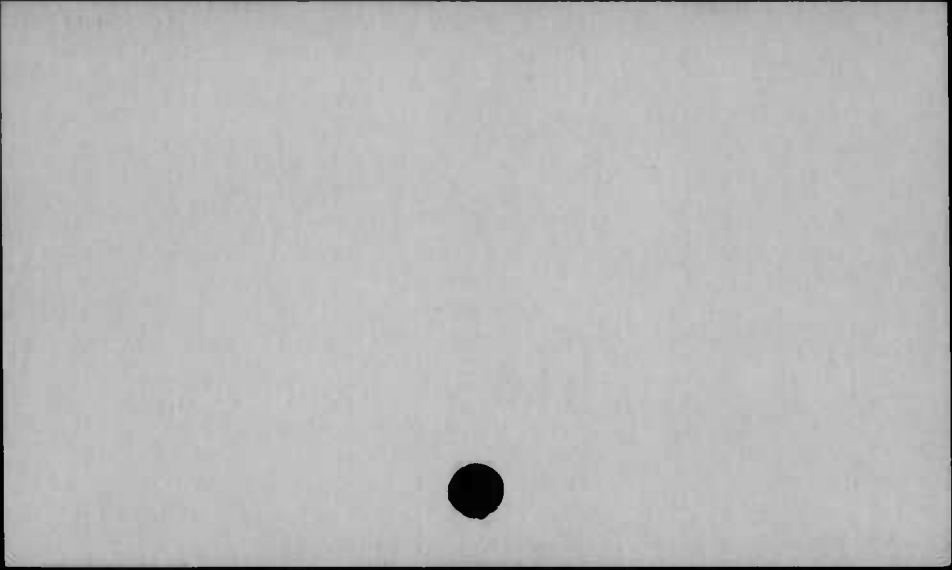
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65955



Name in Full

Certificate of Death

Sarah E. Mason

Died at *Mr. Hope Reiman* Town *Baltimore* County *Baltimore* MARYLAND

Date 189 *5* Month *9* Day *10* Y. *42* M. D. Native of *Balto* Occupation

☒ Male ☒ White ☒ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of
Wife

Father's Name Mother's Name

Cause of { Primary *Mania (or) Phthisis* 22 a How long sick

Death { Immediate *Ex + syncope* Accident, Suicide, Homicide

Reported by *Frank L. Lammers, M.D.*

Address *Mr. Hope Reiman*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Frederick Wahl.

Town

County

Died at

Date 189

Male

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85958



Name in Full

Certificate of Death

Died at

Date 189

~~Male~~

Female

Husband
of
Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Single

Widower

Number of children living

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Dr. G. S. Green,

Long green, Md.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Sophia Yakopaky
 Town *Baltimore* County *Baltimore* MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5
~~1898~~

9 - 15

Age

57

White

Married

Widow

Divorced

Gumman

Female

~~Colored~~

Single

Widower

Number of children living

Husband
 of

Wife

Father's

Name

Mother's

Name

Cause of { Primary

Gastritis

81

How long sick

2 weeks

Death { Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Frank R. Gumman Jr. D.

Address

322 N. Green St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 185963



Ella B. Zink

Died at

Cockeysville

Town

County

Baltimore

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

9-1

Age 45

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Caucasian~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

Geo. Zink

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Typhoid fever 1

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Maryland Journal

Address

Baltimore 92

